**Overview of the Doctor-Patient Relationship**

* **DIFFERENT DOCTOR-PATIENT RELATIONSHIPS**
  + **Models of the Doctor patient Relationship**
    - *Paternalism*
      * Physicians make treatment decisions with little input from the patient, based on what they believe to be the patient’s best interest
      * Patients who prefer this decision-making style value the physicians’ expertise and believe that clear recommendations protect them from harm
    - *Informed choice*
      * Patients make the decision about their own health
      * Physicians provide the relevant medical information, but withhold their opinion
      * Aka consumerist model
    - *Shared Decision Making* 
      * Both the physician and patient play active roles
      * Physician gives information on treatment benefits and risks, the patient gives information to the physician about his/her values, and they both discuss treatment options
      * Patient centered approach to the medical interview, in which physicians ascertain and incorporate patients’ expectations, feelings and illness beliefs
      * Variations of shared decision making
        + Physician acting as a teacher or friend

Encouraging patients to think about health-related values, helping the deliberate about their options and trying to persuade them to do what they recommend

* + - * + Physicians serve as facilitators or coaches

Physicians don’t make a recommendation but they help the patients think through how her values apply to the decision at hand

* + **What Decision-making style do patients prefer?**
    - African-American and Hispanic respondent and elderly respondents were more likely to prefer that physicians make the decisions
    - Patients who present with a physical problem might prefer a more directive decision making style
    - Patients who present for counseling and psychosocial problems usually prefer shared decision making
    - Physicians usually use more directive, or paternalistic style with older, less educated, and sicker patients and employ a more patient centered style with younger, better educated, and more socioeconomically advantaged patients
  + **What kind of decision-making style should physicians adopt?**
    - Patients should try and choose a physician whose usual decision making style matches their preference or physicians should modify their decision making style to accommodate the patients preference
* **PHYSICIANS AND ENTREPRENEURISM**
  + Treating medicine as a business could be bad in the fact that many standard business practices might conflict with the goals and ideals of medicine

**Sexual Contact Between Physicians and Patients**

* **JUSTIFICATIONS FOR SEXUAL CONTACT**
  + **Respect for Privacy**
    - Sexual relationships between consenting adults are considered private matters with which other people and society have no right to interfere
    - It is demeaning and unrealistic to view patients as so vulnerable tat they cannot make their own decisions about their private lives
    - Restricting freedom to enter into sexual relationships would be paternalistic and intrusive
  + **Lack of Harm to Patient**
    - People believe that patients are no more likely to be harmed in sexual relationships with their physicians than they are in other sexual relationships
  + **Lack of Social Opportunities for Physicians**
    - In small towns or rural areas a physician might care for a large portion of the community and social opportunities for physicians would be very limited if romantic and sexual relationships with patients were barred
    - CASE
      * A female emergency physician treats a 28 y/o man who requires a tetanus shot for a foot injury. Several years later they meet again as single parents whose children are in the same school. They discover they share many interests. They physician wonders if a romantic relationship would be unacceptable because of their previous professional relationship.
        + It is unlikely that the former patient feel dependent on the physician
        + Little personal information was shared in the doctor patient relationship
        + A relationship between equals seems very possible
    - CASE
      * Male surgeon performs a procedure on a woman. During post-op care he finds himself spending time with her then he usually does with patients. She is appreciative of his attention and solicitous about his long hours and fatigue. A month after her final postoperative visit, he invites her to dinner.
        + The patient might have strong feelings of gratitude and dependency soon after emergency surgery
        + Might be difficult for the patient to make an independent judgment about a relationship or to decline invitations from thee surgeon
        + AMA says “sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship
  + **Termination of medical Care**
    - Termination of care and absence of contact should be complete including cessation of office visits, telephone consultations, prescriptions, and reminder postcards about appoints or screening tests
    - Physician should make sure the patient no longer regard the partner as his or her physician
    - The purpose of terminating care should not be the initiation of a sexual relationship
  + **Nature of the Doctor-Patient Relationship**
    - Some types of medical care are so intimate that the doctor-patient relationship might never be completely ended
    - Examples
      * Counseling and therapy
        + American psychiatric association considers any sexual contact with a former psychiatric patient as unethical
      * Surgery or gynecology
  + **Time Since Last Medical Care**
    - During immediate postop period the patients feeling of vulnerability and dependency undoubtedly continue
    - Passage of time helps extinguish feelings of dependency toward physicians and reduces the risk that physicians will abuse their power in initiating sexual relationships with patients
    - Critical issue is more so the lack of a continuous relationship and the “potential for misuse of emotions derived from the former professional relationship”
  + **Circumstances of renewal of contact**
    - If they renew their acquaintance in a medical context then the patient might resume his/her previous role as dependent patient
    - If they meet again in a nonmedical context then it is less likely that the relationship is colored by the previous doctor patient relationship
* **SUGGESTIONS**
  + **Recognize early signs of Romantic Interest**
    - Physicians should be alert to early signs of romantic feelings for a patient
      * Physicians might look forward to the next visit or pay particular attention to their appearance on the day of the patient’s visit
    - Sexual misconduct often begins with seemingly minor violations of the boundaries of the doctor=patient relationship (talking about the physician’s problems rather than the patient’s or scheduling appointments outside office hours)
  + **Seek Advice**
    - AMA recommends that “it would be advisable for a physician to seek consultation with a colleague before initiating a relationship with a former patient”
    - Confidential advice can provide an honest appraisal of the potential harm to the patient, the physician, and the medical profession
  + **Responding to advances by patients**
    - Sometimes the patients, not the physician, takes the initiative in pursuing a romantic or sexual liaison
    - Physicians are still in a better position than patients to recognize potential harms of such relationships.
    - Physicians have an ethical duty to act in patients’ best interests, even if it clashes with their own self-interest.